Itinerant Vendor, Merchant, Peddler Application
Permit Valid for 90 Days for One (1) Location

This application must be submitted with written permission providing sufficient evidence of a minimum of 4 off street parking spaces and adequate sanitary facilities available within 200 feet for use by vendor/customers.

☐ New Applicati	ion □ Renewal Application
Applicant Name:	Driver's License/ID Number:
Address of Applicant:	State, Zip Code:
Applicant Phone Number:	Alternate Phone Number:
Name of Company:	
	ber:
	State, Zip Code:
	Fax Number of Company:
	ing applicant has permission to use location must be attached to this application**
Description of Items to be Sold:	
Please List All Persons Soliciting Under This Permit	t:
Name:	Drivers License Number Telephone Number:
Attachments Required:	
_	g location of Vendor and Nearby Structures
☐ Copy of Sales Tax	zation from Property <u>Owner</u>
☐ Proof of Parking	ation from Froperty <u>owner</u>
_	Facilities Within 200 Feet for Use by Vendor/Customers
Applicant Signature:	Date: OFFICE USE ONLY
	Notes:
Date Received:	
Received By:	
Date Approved:	
Approved Bv:	